

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049371

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 369

Primary Registration District No. 4538

Registrar's No. 20

FILED JAN 3 1963

VS 300
Rev. 4/59

1 1110

2 1110

3

4 0

5 2

6

7 0

8 0

9 420.1

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH
a. COUNTY

Wayne

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Piedmont

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Home E. Elm

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission):
a. STATE

Mo

b. COUNTY

Wayne

c. CITY OR TOWN

Piedmont

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

E Elm

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Thomas Lightfoot Turnbough

4. DATE OF DEATH
Month Day Year
Dec. 18 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-9-1882

9. AGE (last birthday)

80

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
2 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Wayne Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Hiram H. Turnbough

13b. MOTHER'S MAIDEN NAME

Martha Wisdom

14. NAME OF HUSBAND OR WIFE (Deceased)

Lillie C. Nation

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT
77 James Turnbough Piedmont

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-14-62 to 12-18-62 and last saw her alive on 11-14-62

Death occurred at 1:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John H. Line M.D.

22b. ADDRESS

Piedmont Mo

22c. DATE SIGNED

12-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-21-62

23c. NAME OF CEMETERY OR CREMATORY

Carson Hill Cem.

23d. LOCATION (City, town, or county)

Millspring Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

William Coker Piedmont Mo

25. DATE RECD. BY LOCAL REG.

12/20/62

26. REGISTRAR'S SIGNATURE

Shirley Louelore

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

FEB 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Coder Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William Coder

Licensed Embalmer No.

3723

P. O. Address

Piedmont, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.